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SMALL ENTITY

NO

20991 7590 08/24/2011 THE DIRECTV GROUP, INC. PATENT DOCKET ADMINISTRATION CA / LA1 / A109 2230 E. IMPERIAL HIGHWAY

EL SEGUNDO, CA 90245

EXAMINER

APPLN. TYPE

nonprovisional

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TOTAL FEE(S) DUE

\$1510

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DATE DUE

11/25/2011

				(Date)		
١	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	09/590,417	06/08/2000	Arthur R. Tilford	PD-990142	9701	

SO

CLASS-SUBCLASS

PUBLICATION FEE DUE PREV. PAID ISSUE FEE

so

TITLE OF INVENTION: METHOD AND APPARATUS FOR TRANSMITTING, RECEIVING, AND UTILIZING AUDIO/VISUAL SIGNALS AND OTHER INFORMATION

ISSUE FEE DUE

\$1510

ART UNIT

ANDRAMONO, PRANKLING	123 133000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SBI 22) attached.  "Fee Address' indication (or "Fee Address" Indication form PTO/SBI47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered atorney or agent) and the names of up to 2 registered patent atorneys or agents. If no name is listed, no name will be printed.	1 2 3			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: CITY and STATE OR COUNTRY)					
The DIRECTV Group, Inc.  Please check the appropriate assignee category or categories (will not be	El Segundo, Californi printed on the patent): Individual Al Corporation or				
4a. The following foe(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order -# of Copies	4b. Payment of Fee(s): (Please first reapply any previously A check is enclosed.  Payment by crodit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the require overpayment, to Deposit Account Number 50 - 03				
Change in Entity Status (from status indicated above)     a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY				
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Authorized Signature Loddl W. Soyn	Date November				
Typed or printed name Todd N. Snyder	Registration No. 41	1,320			

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